

LWCD Permit ID #

as "Owner(s)," or "Titleholder(s)" of the property described below, in accordance with Adams County Stormwater Runoff Ordinance agrees to install and maintain storm water management practice(s) on the subject property in accordance with approved plans and Storm Water Permit conditions. The owner further agrees to the terms stated in this document to ensure that the storm water management practice(s) continues serving the intended functions in perpetuity. This Agreement includes the following exhibits:

Exhibit A: Location Map(s) – shows an accurate location of each storm water management practice affected by this Agreement.

Exhibit B: Stormwater Practices–describes which BMP's are installed in reference to Exhibit A.

Exhibit B: Maintenance Plan – prescribes those activities that must be carried out to maintain compliance with this Agreement.

Recording Area

Parcel Identification Number

LANDOWNER/REPRESENTATIVE
PRINT OR TYPE NAME: _____

DATE

LANDOWNER/REPRESENTATIVE
PRINT OR TYPE NAME: _____

DATE

State of Wisconsin)
) ss.
____ County)
This instrument was acknowledged before me on _____
(date)
by _____
(name of landowner or representative)
as _____
(representative's position or type of authority, if applicable)
for _____
(name of entity on behalf of whom instrument was executed, if applicable)

SIGNATURE PRINT NAME
Notary Public, State of Wisconsin
My commission expires _____ (is permanent).

State of Wisconsin)
) ss.
____ County)
This instrument was acknowledged before me on _____
(date)
by _____
(name of landowner or representative)
as _____
(representative's position or type of authority, if applicable)
for _____
(name of entity on behalf of whom instrument was executed, if applicable)

SIGNATURE PRINT NAME
Notary Public, State of Wisconsin
My commission expires _____ (is permanent).

SIGNATURE OF ADAMS COUNTY REPRESENTATIVE
PRINT OR TYPE NAME: _____

DATE

State of Wisconsin)
) ss.
Adams County)
This instrument was acknowledged before me on _____, _____ by _____
as _____ of _____

SIGNATURE PRINT NAME
Notary Public, State of Wisconsin
My commission expires _____ (is permanent)